

PATENT APPLICATION FEE DETERMINATION RECORD

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Approved for use through 7/01/2008. OMB #0051-0002
PTO/SBIR (08-001)
Applicable to all small entity fee payors.
Substitute for Form PTO-976

PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-975

CLAIMS AS FILED - PART I

FOR		(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
BASIC FEE (37 CFR 1.14(a))	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE	
TOTAL CLAIMS (37 CFR 1.14(b))	91	91	\$1.00	\$91.00	OR	\$1.00	\$91.00	
INDEPENDENT CLAIMS (37 CFR 1.14(d))	6	6	\$1.00	\$6.00	OR	\$1.00	\$6.00	
MULTIPLE DEPENDENT CLAIM PRESENT. (37 CFR 1.14(c))					OR			
* If the difference in column 2 is less than zero, enter "0" in column 2.					OR			
CLAIMS AS AMENDED - PART 2			TOTAL		OR	TOTAL		

* If the difference in column 3 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART B

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	9/16		9/16		9/16	25		OR	50	
	6		6		6	100		OR	200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (OF CFR 1.502)							100		OR	300
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLARKS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total of cfr Lines	91	None	04		
Independent of cfr Lines	6	None	7		

FIRST PRESENTATION OF MULTIPLE DEFICIENT CLAIM (7 CFR 1.102)

RATE	ADDITIONAL FEE
25	
100	
100	
TOTAL	
ADDITIONAL FEE	

OR

RATE	ADDITIONAL FEE
50	
100	
300	
TOTAL	
ADDITIONAL FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	ADDL FEE	OR	TOTAL ADDL FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PARENT EXTRA			
Total of off-line				RATE	ADDI- TIONAL FEE	RATE
Independent of off-line				R - 25		R - 50
				R - 100		R - 100
				R - 180		R - 300
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BY OFF-LINE				TOTAL ADDL FEE	OR	TOTAL ADDL FEE

* If the entry in column 1 is less than the entry in column 2, write "0".

** If the Highest Number Previously Paid For is zero, write "0".

*** If the Total Addl Fee is greater than \$300, write "300".

5 The entry in column 1 is less than the entry in column 2, with 12 in column 2.
6 The Highest Number Previously Paid For NO OTHER SPACE in State than 20, enter 20.
7 The Highest Number Previously Paid For NO OTHER SPACE in State than 20, enter 20.
8 The Highest Number Previously Paid For (Total or In-State) in State than 20, enter 20.
9 collection of books.

[illegible]

If you need assistance in completing the form, call 1-800-PTD-0130 and select option 2.